

Louisiana State Property 1st Party Losses

Buildings, Contents, Equipment Breakdown, Employee Bond and Crime Losses
In addition to the above ORM's Property Claims Unit is responsible for Bridge Property losses
and Fixed Marine Facility losses

Agency Name: _____ ORM Agency Location Code: _____

Agency Contact: _____
Name, Phone, Fax, and Email

Date of Loss: _____ Time of Loss: _____ Date reported to ORM: _____

State ID/Slab Building # (Facility Management#): S _____ or L _____

Site Code #: _____

Location of Loss: _____
Street, City, Zip Code, Parish

Type of Loss: ☐ Fire ☐ Theft ☐ Lightning ☐ Hail ☐ Flood ☐ Wind ☐ Other

Explain Other: _____

Does this loss involve a hurricane? Yes ☐ No ☐

If yes name of hurricane: _____

Estimated amount of loss to exceed \$1,000.00? Yes ☐ No ☐

Description of Loss & Damage:

Enclose all supporting documents of your loss, including any information on a 3rd party. Also, include asset management/LPAA print out sheet.

Contents/movable property list age or date of purchase: _____

Reported By: _____ Phone: _____

After completion of this form please email directly to orm-propertyclaims@la.gov

An ORM adjuster will be assigned and your agency will receive an acknowledgement letter with the assigned claim number as well as the adjusters name and contact information.

Should you have any questions regarding completion of this claim form, please contact Patricia Barron State Risk Property Supervisor at 225-342-8467.